

Medical

Blue Cross Blue Shield

PPO		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$106.76	\$160.14
Employee +Spouse (DP)	\$213.53	\$320.29
Employee + Child(ren)	\$202.85	\$304.27
Family	\$310.91	\$466.36

EPO		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$117.29	\$175.93
Employee +Spouse (DP)	\$234.58	\$351.88
Employee + Child(ren)	\$222.86	\$334.28
Family	\$340.14	\$510.22

HDHP		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$89.17	\$133.76
Employee +Spouse (DP)	\$178.34	\$267.52
Employee + Child(ren)	\$169.42	\$254.13
Family	\$258.59	\$387.88

* \$125 quarterly incentive provided

Dental

Delta Dental

Coverage	Employee per Pay Period	City per Pay Period
Employee Only	\$5.15	\$7.72
Employee +Spouse (DP)	\$10.32	\$15.48
Employee + Child(ren)	\$13.77	\$20.66
Family	\$21.21	\$31.82

Vision

VSP – Vision Service Plan* (100% employee paid)

Basic Coverage	Employee per Pay Period
Employee Only	\$2.05
Employee +Spouse (DP)	\$4.10
Employee + Child(ren)	\$5.23
Family	\$8.36
Enhanced Coverage	Employee per Pay Period
Employee Only	\$2.40
Employee +Spouse (DP)	\$4.80
Employee + Child(ren)	\$6.13
Family	\$9.79

Life, Short-Term, & Long Term Disability (Coverage for employee ONLY)

Coverage	Employee per Pay Period	City per Pay Period
Employee Basic Life	\$0.00	\$2.42
Short Term Disability	\$9.23	\$0.00
Long-Term Disability	<i>Rates vary based on age & salary</i> (100% employee paid)	
Optional Term Life insurance-5 additional levels of life insurance.		

Dependent Life Insurance (100% employee paid)

Spouse Life		Child Life	
Amount of coverage	Per Pay Period	Amount of coverage	Per Pay Period
\$10,000	\$ 1.02	\$5,000	\$ 0.18
\$20,000	\$ 2.03	\$10,000	\$ 0.37
\$30,000	\$ 3.05	\$25,000	\$ 0.92
\$40,000	\$ 4.06		
\$50,000	\$ 5.08		

Flexible Spending Account(s) – Pre-tax benefit; available for medical and/or dependent care expenditures as approved by the IRS.